



PERSON UNDER INVESTIGATION (PUI) FOR COVID-19 – REPORTING FORM

Please Fax to: RIDOH Center for Acute Infectious Disease Epidemiology @ 401-222-2488

PATIENT INFORMATION

NAME: _____ DOB: _____
PHONE NUMBER: _____ SEX: ☐ F ☐ M
HOME ADDRESS: _____

PATIENT LOCATION

☐ Home Residence ☐ Healthcare Facility ☐ Congregate Setting ☐ Other

CURRENT LOCATION (IF NOT HOME): _____

PROVIDER INFORMATION

PROVIDER NAME: _____
INSTITUTION: _____
PHONE NUMBER: _____ PAGER: _____

SPECIMEN ORDERED DATE: ____/____/____ SPECIMEN ORDERED TIME: ____:____AM/PM

CLINICAL INFORMATION

COVID-19 SYMPTOMS

DATE OF ONSET: ____/____/____

Check all that apply:

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Congestion | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Myalgia | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Body Aches | <input type="checkbox"/> GI Upset |
| <input type="checkbox"/> Other: _____ | | |

OTHER TESTING RESULTS

- ☐ [+] CXR / CT ☐ [+] RPP
☐ [+] Rapid Flu

COVID-19 RISK FACTORS & LAB ORDERS

PRE-APPROVAL IS NOT REQUIRED TO ORDER SWABBING

RISK FACTORS FOR RI STATE HEALTH LAB (RISHL) TESTING

- ☐ Hospitalized patient
☐ Healthcare worker or EMS provider
☐ Resident of nursing home or congregate living setting

ACTION → Order swab to RISHL

- ☐ Swab taken in office/ED/Hospital
☐ Swab taken at specimen collection site (Name: _____)

* Must also submit state lab requisition form, available at
<https://health.ri.gov/forms/LabRequisitionForm.pdf>

* Must transport sample to RISHL using own courier services

OTHER RISK FACTORS

- ☐ Symptoms only
☐ Chronic Illness (heart, lung, diabetes, etc.)
☐ Immunocompromised
☐ Travel within 14 days prior to symptom onset:
☐ International travel or cruise
☐ Domestic air travel
☐ Domestic travel to communities with widespread transmission
☐ Close contact of positive COVID-19 case (within 14 days prior to symptom onset)
☐ Attendee of mass gathering with positive COVID-19 cases (within 14 days prior to symptom onset)

ACTION → Order swab to any private laboratory

ISOLATION PLAN (IF DISCHARGED HOME): <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

- ☐ Patient received instructions to isolate at home
☐ Patient advised to call ahead when seeking follow-up healthcare
☐ Close household contacts advised to be quarantined until results are finalized